

1950

A Suppurative Lumbar Wound in a Saddle Horse

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patient was given one 10 gr. capsule of methenamine tetraiodide per os daily for seven days. Bacteriologic report showed *Corynebacterium pyogenes* as the causative organism.

On March 20, 1950, the abscess beneath the right ramus of the mandible was reopened to establish drainage. On March 21, 1950, .5 Gm. of aureomycin hydrochloride with sodium glycinate was given i.v. and this dosage continued daily for four succeeding days. On March 26, 1950, the swelling on the left masseteric area was slightly reduced in size and less firm. On March 27, another .5 grams of aureomycin hydrochloride with sodium glycinate was given i.v.

By March 28, 1950, the exudation had ceased from both enlargements and they were much reduced in size. By April 2, 1950, the swellings were only slightly noticeable and the patient was declared ready for discharge.

R. C. Searl '51

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A Suppurative Lumbar Wound in a Saddle Horse.

A three year old American Saddle gelding was referred to Stange Memorial Clinic on March 11, 1950, with a suppurative wound on the back. The history indicated that a penetrating wound by a sharp pointed object had occurred about three weeks previously.

Examination revealed a small opening about one-half in. in diameter just to the left of the midline at about the eighteenth rib. Since the area was too sensitive to permit a complete examination without restraint, the horse was given 55 grams of chloral hydrate in water via the stomach tube and then placed on the operating table in left lateral recumbency. When the wound was explored with a flexible probe, a large fistulous tract was found extending from the original wound to about the distal end of the fourth transverse lumbar vertebral process.

The skin over the area involved was shaved, scrubbed with soap and water, defatted with ether, and painted with

strong tincture of iodine. The area was then infiltrated with about 100 cc of 2 percent procaine hydrochloride to provide local anesthesia. After enlarging the wound, a probe was again inserted to more completely delineate the necrotic area. It was found that necrosis had penetrated to the dorsal surface of the fourth lumbar vertebral process at its lateral end. A second incision about three in. long was made dorsal to the distal end of the fourth lumbar vertebral process. As much necrotic tissue as possible was removed and a seton that had been soaked in a solution of strong tincture of iodine and glycerin, equal parts, was inserted to insure drainage. The horse was given 1,500 units of tetanus antitoxin, removed from the operating table and led to a box stall.

On the following day, suppuration was profuse; so for the next 10 days the animal was restrained in the stocks while the wound was irrigated with a 1:3000 solution of potassium permanganate and the seton changed. Towards the end of this period suppuration noticeably lessened so the use of the seton was discontinued. For about a week, the wounds were cleaned daily and a solution of strong tincture of iodine and glycerin, equal parts, was applied. Prior to his release April 4, 1950, the horse's wounds were being dusted daily with a mixture of equal parts of boric acid and airslaked lime. Suppuration was negligible and the wounds were apparently healing nicely.

The animal was discharged with a guarded prognosis since suppurative wounds in this area are often difficult to treat satisfactorily. There is the possibility of necrosis of the fascial sheaths of the muscles involved, in which case the infection will recur, or there may be a deposit of scar tissue sufficient to act as a foreign body when the animal is worked under a saddle. Either of these possibilities would render the animal valueless as a saddle horse although there is a reasonable chance that the latter condition, if it does occur, could be corrected by further surgery.

R. L. Gillespie, '51